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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 40

BIRTH NO. 104 25 ATH 402 ENCE	1. PLACE OF DEATH A. COUNTY <i>Gila</i>			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>12 hrs</i> <i>3 27m</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Miami</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Miami Inspiration Hospital</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Manuel</i> B. (MIDDLE) <i>Sepulveda</i> C. (LAST) <i>Ortega</i>			4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>
1 1 2 112 0 849 176 0 10 NS, 2 X L E 1 R'S ION 19 R R	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Aug</i> DAY <i>5</i> YEAR <i>1949</i>		8. AGE YEARS <i>0</i> MONTHS <i>0</i> DAYS <i>0</i>	
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Arizona</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
	14A. FATHER'S NAME <i>Phillip Ortega</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>		15A. MOTHER'S MAIDEN NAME <i>Alice Sepulveda</i>	
	16. INFORMANT'S SIGNATURE <i>Phillip J. Ortega</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>August 5 1949</i>		13. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Aug 5 1949</i> TO <i>Aug 5 1949</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Aug 5 1949</i> AND THAT DEATH OCCURRED <i>11:00</i> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE (DEGREE OR TITLE) <i>But E. Lambrecht MD</i>			23B. ADDRESS <i>Miami Ariz</i>		23C. DATE SIGNED <i>8-8-49</i>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>August 6 1949</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Paradise</i>		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Arizona</i>		25. REGISTRAR'S SIGNATURE <i>William D. Rayton</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. McEllan</i>		